

INCREASING REPRESENTATION

in Clinical Trials and Research

WHAT CAN BE GAINED

The National
Academies of
SCIENCES
ENGINEERING
MEDICINE

Lack of equal representation in clinical trials has consequences on health outcomes and may contribute to persistent health disparities in the United States. The National Academies looked at 5 underrepresented groups (non-Hispanic Black females and males, Hispanic females and males, and non-Hispanic females) in the U.S. population that will be above age 50 between 2020 and 2050. This represents over 150 million people.

We estimate the additional life expectancy, disability-free life expectancy and working years underrepresented groups could gain from eliminating the disparities relative to non-Hispanic white males in outcomes from **DIABETES, HEART DISEASE, and HYPERTENSION**.



DIABETES



Nearly 1 Year

Increase in life expectancy



1+ Year

Increase in disability-free life years



1/2 Year

Increase in years in the workforce



HEART DISEASE



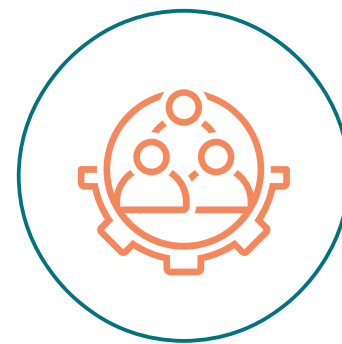
1+ Year

Increase in life expectancy



1.5 Years

Increase in disability-free life years



1/3 Year

Increase in years in the workforce



HYPERTENSION



Nearly 1 Year

Increase in life expectancy



1.5 Years

Increase in disability-free life years



3/10 Year

Increase in years in the workforce



\$19.5 Trillion

The total approximate value to society after eliminating disability adjusted life year disparities for the three common conditions

Even if only **1% of these health disparities could be alleviated** by better representation in clinical research, it would result in more than **\$40 billion** in gains for diabetes and **\$60 billion** for heart disease alone.

